Section 11: National Provider Identifier

What Is the National Provider Identifier?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique identifier for healthcare providers. The final rule for the National Provider Identifier (NPI), which was issued on January 23, 2004, adopts the NPI as this national standard and applies to all health care providers. The NPI is a 10-byte, all-numeric identifier that will replace all proprietary identifiers used in HIPAA-covered electronic transactions to identify a provider. The first character is a 1 or a 2 and the last character is a check digit designed to help ensure validity of the number. There is no embedded intelligence in the NPI—it is simply a unique number to identify a provider regardless of the provider's location, type, or specialty.

The NPI and N.C. Medicaid

Like many other payers, N.C. Medicaid is adopting a mapping solution in which the NPI billed on the claim is mapped to the MPN for claims adjudication. This method of mapping the NPI to the MPN allows claims to process using current policy without any changes to claim processing edits and audits. Ideally, each MPN will have a unique NPI on file, otherwise known as a one-to-one match. If this one-to-one match does not occur, the mapping solution will determine the appropriate MPN to assign to the claim. This mapping solution is built around a hierarchy using data elements from the claim, such as taxonomy codes, service facility location, billing provider ZIP codes, and procedure codes.

Atypical Providers

"Atypical" providers are providers that do not provide health care services and will not be issued NPIs. Atypical providers are individuals or businesses that bill Medicaid for services rendered but do not meet the definition of a healthcare provider according to the NPI Final Rule 45 CFR 160.103 (for example, non-emergency transportation providers). Claims filed by atypical providers will continue to use the legacy MPN for billing.

NPI and Provider Enrollment

All provider enrollment applications and provider change forms must include the NPI and the address, including ZIP+4. Providers must be enrolled as a N.C. Medicaid provider in order to receive reimbursement. Simply submitting the NPI on a claim does not enroll a provider.

Obtaining the NPI

Healthcare providers can apply for their NPIs at https://nppes.cms.hhs.gov/NPPES/Welcome.do (click on the link to *National Provider Identifier* and follow the instructions for applying). All HIPAA-covered physicians, suppliers, and other health care providers must apply for and be issued NPIs. In addition, all health plans began accepting the NPI instead of the plan-specific

provider identifiers on all HIPAA standard transactions on May 23, 2008. When applying for an NPI, providers are urged to include all MPNs on the NPI application form and indicate North Carolina as the state name.

Note: Applying for an NPI does not replace any enrollment or credentialing processes for N.C. Medicaid.

Once NPIs are obtained, they must be reported to N.C. Medicaid. A copy of the National Plan and Provider Enumeration System (NPPES) certification letter or NPPES certification e-mail for each NPI number must also be provided.

Reporting the NPI

Providers are required to report an NPI for each MPN to N.C. Medicaid before claims can be paid. Providers are encouraged to access DMA's NPI and Address Database at http://www.ncdhhs.gov/dma/WebNPI/default.htm using either their MPN or their NPI and verify the NPI, site address, and billing address.

- If all information is correct, no action is necessary.
- To correct typographical errors in the database, print the form, make corrections, and fax to the number on the printable form.
- To correct more serious (non-typographical) errors, submit a **Medicaid Provider Change Form** (http://www.ncdhhs.gov/dma/formsprov.html) and include any other applicable documentation.
- If the NPI does not appear in the database, print the form, enter the NPI, and fax to the number on the printable form with a copy of the NPPES certification.

NPI Subparts

Any health care provider, including individuals and organizations (such as health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form) should have an NPI. A group or organizational provider may elect to subpart, or request multiple NPIs, for specific entities within their organization. A provider is a legal entity; a subpart is not a legal entity, but it furnishes health care. An example of a subpart is a hospital that subparts its NPI into separate NPIs for specific units within the hospital. The subparts would all have the same tax ID number.

If a provider has multiple MPNs but does not elect to subpart, the claim will adjudicate through the mapping solution to determine which MPN is associated with the particular NPI billed. Whereas the paper Remittance and Status Report (RA) will reflect the MPN selected in addition to the NPI, the 835 transaction will contain only the NPI. There is no way to distinguish from each other claims from multiple providers that are paid under a single NPI.

The subpart concept does not apply to individuals; however, N.C. Medicaid strongly recommends that a provider consider obtaining a NPI for each of his or her regular MPNs. It is the choice of the provider to enumerate into multiple NPIs. Reporting one NPI for each MPN will help ensure that claims are processed correctly and will allow for easier identification of claims payment. (See **NPI Effects on the Remittance and Status Reports and the 835 Transaction,** in this section for further information.)

Taxonomy and NPI

A taxonomy code is a standard 10-character code that represents a provider's type and specialty. Taxonomy codes are required on all claims (except pharmacy), unless the provider is atypical. When a one-to-one NPI-to-MPN match does not occur, the taxonomy will play an important role in determining the appropriate MPN to use for claim processing. Providers may refer to the Washington Publishing Company website (http://www.wpc-edi.com/taxonomy) and DMA's website: (http://www.ncdhhs.gov/dma/NPI/taxonomy_codes.html) in order to determine the appropriate taxonomy. The recommended taxonomy code list on DMA's website is not all inclusive and is to be used for claims processing only. Providers are not required to change the taxonomy code that was previously reported to NPPES or to the DMA Provider Services unit. Also, providers do not need to report a taxonomy code to Medicaid. Simply submit it on all claims.

Unknown NPI Report

If a provider submits a claim with NPI and taxonomy only and the NPI is not on file, the claim will be denied. Because these NPIs are not on file, these claims will not appear on the RA but on a new report, the Unknown NPI Report. The report is generated on the same schedule as the Medicaid checkwrite cycle, but it is delivered in a separate envelope from the paper RA, and is sent to the billing provider address submitted on the 837 transaction or NCECSWeb submission. Paper claims containing an unknown NPI are returned to the provider. They are mailed back to the billing addresses on the claims.

The Unknown NPI Report lists the following information:

- Recipient's last name and first name
- Service date
- Recipient's Medicaid identification number
- Patient account
- Claim number [internal control number (ICN)]
- Total amount billed
- Submitted NPI

To resolve these claims, follow these steps:

Action	Resolution
Was the NPI keyed correctly? (Check the Unknown NPI Report.)	If the NPI was incorrect, resubmit the claim as a new claim with the correct NPI. If the NPI on the report is correct, determine if the NPI was reported to DMA. If the NPI was not reported to DMA, follow instructions above on how to report the NPI.
Is the provider enrolled in the N.C. Medicaid program?	If not enrolled, go to http://www.ncdhhs.gov/dma/provenroll.htm for instructions to enroll as a Medicaid provider.
The NPI was correctly entered and has been reported to DMA, and the provider is enrolled in N.C. Medicaid, but the Unknown NPI Report has been received nevertheless.	Call EDS Provider Services at 1-800-688-6696 for assistance.

The status of claims identified on the Unknown NPI Report will not be available on the Automated Voice Response (AVR) system. Once the NPI has been reported to DMA and the claims have been resubmitted, claim status will be available.

Unresolved NPI Report

If a claim is submitted to N.C. Medicaid and the mapping solution cannot narrow the NPI submitted to one MPN, the claim will be defined as "unresolved." The provider will receive the Unresolved Report sent to the address on the claim, which will include instructions for required action(s).

NPI and the Automated Voice Response System

The AVR system will allow callers to use either their NPI or MPN for inquiries. If the NPI is the chosen method to obtain information from the AVR system, some options will require knowledge of the existing MPN(s).

If a provider chooses to use the NPI for inquiry, depending on how the provider enumerated with DMA, up to 15 validated MPNs will be returned to the voice server.
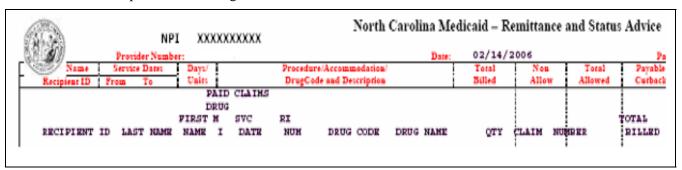
The two pricing options [procedure code and Community Alternatives Program (CAP) pricing], the prior approval option, and the optical confirmation option within AVR system will require a single MPN in order for the correct information to be obtained. When an NPI has been entered and multiple validated MPNs have been returned, the objective is to derive a single MPN. The provider must enter the MPN directly, or select it from an orated list. The caller may also obtain the correct MPN to use from the RA.

NPI Effects on the Remittance and Status Reports and the 835 Transaction

Paper RAs display the billing provider's NPI in addition to the MPN. The NPI appears directly above the MPN on each page of the RA. Attending provider NPIs will not be displayed. The NPI shown on the RA is the NPI reported to N.C. Medicaid for the billing MPN. If no NPI appears, N.C. Medicaid does not have that NPI in the provider database and it should be reported as soon as possible. To report an NPI, visit the DMA NPI and Address Database at http://www.ncdhhs.gov/dma/WebNPI/default.htm.

Providers will receive a separate 835 transaction for each NPI and a separate RA for each MPN.

Here's a sample RA containing an NPI:

NPI and Claim Submission Guidelines

Paper Claim Submissions: Refer to **Section 5, Submitting Claims to Medicaid,** or the June 2007 Special Bulletin, *New Claim Form Instructions*.

Vendors and Clearinghouses: Refer to the *HIPAA Implementation Guide*.

North Carolina Electronic Claims Submission (NCECS) Users: Refer to the July 2007 Special Bulletin *NCECSWeb Instruction Guide*.

Carolina ACCESS: See **Section 4, Managed Care Provider Information**.

NPI and Carolina ACCESS

The Carolina ACCESS/referring NPI must be submitted on all claims that require Carolina ACCESS authorization. To determine whether to obtain the group or individual NPI for the referral, refer to the recipient's Medicaid identification card. If a group name is listed on the card as the primary care provider (PCP), obtain the group NPI. If an individual's name is listed as the PCP, obtain the individual's NPI.

The taxonomy code for the referring provider is not required on claims.

Electronic Mailing List for NPI Updates

Providers, software vendors, and clearinghouses may subscribe to an electronic mailing list to receive immediate e-mail updates regarding NPI. To subscribe to the electronic mailing list, visit www.ncdhhs.gov/dma/NPI.htm and click on the link for the list.

NPI—Frequently Asked Questions

General Questions

1. **What is a an NPI?**
    The NPI is a standard provider identifier that will replace the different provider numbers used in standard electronic transactions today. The NPI was adopted as a provision of HIPAA. The NPI Final Rule was published on January 23, 2004 and applies to all health care providers.

2. **How can providers learn more about NPI?**
    The Centers for Medicare and Medicaid Services (CMS) has created a slide presentation to answer many NPI questions. You can access the slide presentation at http://www.cms.hhs.gov/apps/npi/npiviewlet.asp. Additional information, including frequently asked questions (FAQs), can be found on the CMS website at http://www.cms.hhs.gov/NationalProvIdentStand/ and on DMA's website at http://www.ncdhhs.gov/dma/NPI.htm.

3. **What is the NPI compliance date?**
    The original compliance date of May 23, 2007 was extended one year. All covered entities are now required to be compliant by May 23, 2008.

4. **Who must get an NPI?**
    HIPAA requires that covered entities (i.e., health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form) use NPIs in standard transactions.

5. **How do providers know if they are eligible to receive an NPI?**
   All health care providers, as defined in 45 C.F.R. §160.103
   (http://www.hhs.gov/ocr/regtext.html), are eligible to obtain an NPI. Entities that do not
   provide health care (for example, non-emergency transportation services) are not required
   to obtain an NPI because they do not meet the definition of "health care provider."

6. **Do health care providers need to apply for an NPI to submit claims to N.C.
   Medicaid?**
   Yes, if you meet the definition of a covered entity (i.e., health plans, health care
   clearinghouses, and those health care providers who transmit any health information in
   electronic form). As of the NPI implementation, the NPI will be the only health care
   provider identifier that can be used for identification purposes in standard transactions by
   covered entities, including N.C. Medicaid. In addition, N.C. Medicaid will require the
   NPI on paper claims submitted on or after NPI implementation.

7. **Which providers have been identified as atypical by N.C. Medicaid?**
   Atypical providers are those who do not provide healthcare services. Providers must
   determine if they meet the definition of atypical.

8. **As a prescribing provider, do I need to share my NPI with pharmacies?**
   Yes. Pharmacies will need the prescribing provider's NPI in order for their claim to
   process.

9. **Do group providers need an NPI?** Providers may obtain an organizational NPI for their
   group provider number. N.C. Medicaid recommends that providers obtain an NPI for
   each MPN used today.

10. **If a provider has seven different offices, are they supposed to subpart?**
    While N.C. Medicaid cannot require providers to enumerate a certain way, N.C.
    Medicaid recommends that providers obtain an NPI for each MPN they currently use.
    Refer to the State Medicaid Director's letter on DMA's website at
    http://www.ncdhhs.gov/dma/NPI.htm for guidance.

11. **If providers have multiple Medicaid group provider numbers, will they receive
    separate payments?**
    Providers will receive a separate RA and separate payment for each MPN. The 835
    transaction will only contain the NPI. The paper RA will contain both the NPI and the
    MPN.

12. **Will state facilities be required to subpart?**
    N.C. Medicaid recommends that providers obtain an NPI for each MPN used today.

13. **If providers currently have both group and attending provider numbers, how many
    NPI numbers are required?**
    N.C. Medicaid recommends that providers obtain an NPI for each MPN used today.

14. **Do group and individual numbers need to be linked?**
    Currently, claims are not denied if the individual provider is not linked to the group. The
    process is not going to change with the implementation of NPI.

15. **If a provider has a Home Health and CAP practice, will they be required to get an NPI for both?**
    Although it is not required, N.C. Medicaid recommends that providers obtain an NPI for each MPN used today.

Applying for Your NPI

1. **How do providers apply for an NPI?**
   CMS has established a National Plan and Provider Enumeration System (NPPES) for providers to obtain their NPI(s). Additional information can be accessed from the NPPES website at https://nppes.cms.hhs.gov/.

2. **How do providers obtain a copy of the NPPES Certification?**
   Visit the NPI Registry at https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do to print a copy of your NPI information.

3. **What can providers do if they did not report all health care provider numbers on the original NPI application?**
   Providers have the option of amending the original NPI application at any time by contacting the enumerator or logging into the NPPES website at https://nppes.cms.hhs.gov/.

Reporting your NPI to N.C. Medicaid

1. **Do health care providers need to report their NPI(s) to Medicaid?**
   Yes. It is a requirement for health care providers to report their NPI(s) to N.C. Medicaid.

2. **How do I report my NPI(s) to N.C. Medicaid?**
   N.C. Medicaid is currently collecting the NPI numbers from Medicaid providers via the NPI and Address Database at http://www.ncdhhs.gov/dma/WebNPI/default.htm. New providers will report their NPIs on their provider enrollment applications instead of the NPI and Address Database. Providers must also submit a copy of the certification letter from the National Plan and Provider Enumeration System (NPPES).

3. **Can I report more than one NPI per MPN?**
   No. The N.C. Medicaid mapping solution is designed to allow only one NPI per MPN.

4. **Can I report the same NPI for a group and individual provider?**
   No. Providers should verify that the same NPI is not on file for both a group and an individual MPN. This reporting error will result in unresolved claims (non-payment). An individual NPI cannot be used by an organization. The organization must have its own NPI. An example of an organization is a corporation (LLC, PLLC).

   Some individual providers who have incorporated have two MPNs, one for the individual and one for the corporation, but they have only reported one NPI. This type of enrollment requires two distinct NPIs. If this scenario applies to you, please report your additional NPI as soon as possible using the NPI and Address Database at http://www.ncdhhs.gov/dma/WebNPI/default.htm.

5. **If the provider receives an email instead of a letter on the enumerator's letterhead, is the email acceptable as the NPPES certification?**
    Yes. Providers need to send to DMA the certification notice they receive from NPPES. It can be a letter or an email printout if the NPI was obtained electronically. DMA requests the following information on the NPPES certification: NPI, taxonomy, MPN, and full address with ZIP +4.

Updating and Verifying Your NPI with DMA Records

1. **How do I verify and make corrections to my NPI?**
    Visit the NPI and Address Database at http://www.ncdhhs.gov/dma/WebNPI/default.htm. If a correction is needed, print the form and make the corrections in the "Corrected Information" column. Sign and date the form and fax to DMA Provider Services at 919-715-7140.

2. **If the NPI appears on the Remittance and Status Report (RA), does that mean that I do not need to verify our NPI information?**
    No. The NPI on the RA comes from the provider database. This tells you that the NPI is on file with DMA; however, it will not tell you if the NPI is being submitted on your claims. Providers should still verify that their NPI is being submitted on claims and verify the address information on file with DMA.

Carolina ACCESS

1. **Will Carolina ACCESS referrals switch to using the NPI?**
    Yes. Providers must obtain the NPI of the Carolina ACCESS PCP or referring provider.

2. **Do we ask for a group or individual NPI for Carolina ACCESS/referrals?**
    In order to determine whether to obtain the group or individual NPI for the referral, refer to the recipient's Medicaid Identification card. If a group name is listed on the card as the Primary Care Provider (PCP), obtain the group NPI. If an individual's name is listed as the PCP, obtain the individual's NPI.

3. **Will there be an NPI for Carolina ACCESS overrides?**
    The Carolina ACCESS override process is not changing. Providers will continue to use the override number issued by N.C. Medicaid on claims. On CMS 1500 claims, this number is placed in block 17a or electronic equivalent. On UB claims, this number is placed in FL 78 or electronic equivalent.

Taxonomy Codes

1. **What is the purpose of Taxonomy codes?**
    The taxonomy will play an important role in the NC Medicaid mapping solution. The NPI contains no intelligence; however, the taxonomy code represents a provider's type and specialty. The mapping solution's goal is to determine the appropriate MPN for claim adjudication. Therefore, N.C. Medicaid strongly recommends that providers use the table on the DMA website when choosing an appropriate taxonomy code.
2. **Which taxonomy code is appropriate for providers to use?**
    Taxonomy codes and their descriptions are listed on the Washington Publishing Company website: http://www.wpc-edi.com/taxonomy. The provider must determine which taxonomy to use.

3. **Which Taxonomy code is appropriate for my claims?**
    N.C. Medicaid strongly recommends that providers refer to the recommended taxonomy codes for NPI mapping table on DMA's website at http://www.ncdhhs.gov/dma/NPI/taxonomy_codes.html when selecting a taxonomy code. However, this list is not all inclusive. If your provider type and specialty is not on the recommended list, select the most appropriate taxonomy code from the Washington Publishing Company's website at http://www.wpc-edi.com/taxonomy.

4. **Will claims deny today without the NPI and Taxonomy?**
    All claims must contain an NPI and taxonomy (except pharmacy) beginning May 23, 2008. However, prior to May 23, 2008, N.C. Medicaid is testing with claims that contain NPI, MPN, and Taxonomy to ensure that they map correctly. Providers are strongly encouraged to submit this data in order to be included in the testing process.

5. **What if my Taxonomy code for the billing and attending provider is the same?** As of the date of this publication, only one taxonomy code is allowed per claim. Therefore, enter the attending provider's taxonomy.

6. **What Taxonomy Code should we use for CAP services?**
    At this time, DMA does not have a recommended taxonomy code for CAP services. Providers should select what is the most appropriate taxonomy code from the Washington Publishing Company website at http://www.wpc-edi.com/taxonomy.

7. **Do I need to report a taxonomy code change to DMA?** No. Simply begin using the new taxonomy code on claims.

8. **Does the taxonomy code on my claims need to match the taxonomy code on my NPPES certification?**
    No.

9. **Is a taxonomy code required on a claim for a referral?**
    No. Referring taxonomy codes are not required for N.C. Medicaid.

10. **Is there a different taxonomy for DME provider numbers?**
    DMA recommends the following taxonomy code for DME claims: 332B00000X.

11. **What taxonomy do providers use for Community Support Services?**
    DMA recommends the following taxonomy code for Community Support: 251S00000X.

Filing Claims

1. **Do we need to use the qualifiers on electronic claims?**
    Qualifiers are not required on the NCECSWeb tool. They may be required by software vendors or clearinghouses. Contact your vendor or clearinghouse to verify whether or not they are required.

2. **When will NCECSWeb save the Taxonomy code in List Management?**
    Adding the taxonomy code to the list management function will be a post NPI implementation consideration.

3. **Where do providers list the NPI and taxonomy on the current claims?**
   N.C. Medicaid is currently accepting the NPI on the 837 transaction. Refer to the Implementation Guide and DMA's Companion Guide for instructions for including the NPI on the 837. For paper claim requirements, refer to the June 2007 Special Bulletin, *New Claim Form Instructions*.

4. **Home health providers are required to list the attending provider's UPIN on their claim forms. The UPIN's are supplied through a published website. Will providers be required to change this to the provider's NPI and will they be published on a website?**
   Yes. The NPI is replacing the UPIN and must be reported on these claims. At this time, N.C. Medicaid is not aware of a website that will publish NPIs.

5. **Can health care providers use the NPI when submitting claims to N.C. Medicaid prior to NPI implementation?**
   Yes. N.C. Medicaid encourages providers to begin submitting both the NPI and taxonomy along with the MPN on electronic claims. If your software is not updated to submit the NPI number, please contact your clearinghouse or software vendor as soon as possible to obtain the appropriate updates. Please ensure that you keep the capability to submit the MPN along with the NPI. N.C. Medicaid will continue to process claims using the MPN until NPI is implemented.

6. **In which field on the UB-92 does the NPI need to be entered?**
   As of April 25, 2008, N.C. Medicaid no longer accepts the UB-92 claim form.

7. **What if the referring provider is atypical?**
   If the referring provider is atypical, continue to submit the MPN as the referral number. Verify the referring provider's atypical status by entering their MPN in the NPI and Address Database at http://www.ncdhhs.gov/dma/WebNPI/default.htm. If the provider is atypical, the query results will include the word "atypical" below the MPN.

8. **What is the impact for Medicare crossover claims?**
   As long as the Medicare number is submitted on the crossover claim, it will be used. Therefore, providers need to ensure that their Medicare to Medicaid crosswalk information is current. Once the claims are submitted with NPI only, N.C. Medicaid will be mapping crossover claims. Refer to the March 2008 general Medicaid Bulletin for more information.

9. **When do I need to complete the service facility location field on my claim?**
   If the service was rendered in a location other than the billing address, this field should be completed. However, this field is not required if the service was rendered in the recipient's home. Service facility location is an important part of the NPI mapping solution, especially when one NPI represents many MPNs at different locations.

   Example: One NPI represents physician offices in Raleigh, Greensboro, and Burlington. Each location has a different MPN. In order to map to the correct MPN, service facility location information is needed.

10.   **What if the service facility and billing addresses are the same?**
       If the addresses are the same, only complete the billing address field.

11.   **When should I begin submitting claims without my MPN?**
       DMA encourages all providers to continue to submit their NPI, MPN, and taxonomy.
       (Pharmacies must submit their NPI only.) Once it is determined that the NPI submitted
       on the claim is mapping correctly to the MPN submitted by the provider, DMA will
       notify the billing provider by mail (Provider Ready letter) that it is ready to receive
       claims without the MPN.

12.   **What is an unresolved claim?**
       An unresolved claim is a claim submitted with NPI and Taxonomy (no MPN) that could
       not be mapped to one MPN. These claims will be denied and providers will receive an
       unresolved report. Providers are encouraged to continue submitting claims with an NPI,
       MPN, and taxonomy until a ready notice is received in order to avoid unresolved claims.

13.   **Will the adjustment request form, the resolution inquiry form, or prior approval
       request forms change as a result of NPI?**
       No. Continue to submit these requests the same way you do today.

14.   **If providers do not subpart, to which group number will payment be issued?**
       The claim will be adjudicated through a mapping solution to determine which MPN is
       associated with that particular NPI. The paper Remittance and Status Report (RA) will
       reflect the group MPN as well as the NPI.

Other

1.   **Will prior approval forms (FL-2) be updated to include the NPI?**
      Until otherwise notified, continue to complete the FL-2 forms using the MPN.

2.   **How will Medicaid use the NPI with Value Options and CCME?**
      Until otherwise notified, health care providers need to continue using the MPN on prior
      approval requests.

3.   **Will the HIPAA crosswalk codes translate with the new NPI EOB codes?**
      They have already been crosswalked and are available in the crosswalk file on the DMA
      website at http://www.ncdhhs.gov/dma/hipaa.htm.

4.   **How do I verify my ZIP+4?**
      Visit http://www.usps.com and use the zip code lookup function. Providers should also
      visit the NPI and Address Database to verify that your ZIP+4 is on file with DMA. If
      not, it can be added by completing the correction form located on the database.